

**APPLICATION FOR  
COUNTY POOR RELIEF ASSISTANCE**

**Type of Assistance Requested:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant's Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

AKA (also known as): \_\_\_\_\_ County of Residence: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Are there any other Social Security numbers that you have used in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list those numbers: \_\_\_\_\_

Marital Status (Circle one):      Married      Separated      Divorced      Single      Widowed

If married, give town, state and date of marriage: \_\_\_\_\_

If formerly married, list name of former spouse(s), date(s) of marriage, divorce, death or separation: \_\_\_\_\_

**SPOUSE INFORMATION:**

Spouse's Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

AKA (also known as): \_\_\_\_\_ County of Residence: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Are there any other Social Security numbers that your spouse has used in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list those numbers: \_\_\_\_\_

**SIGNIFICANT OTHER INFORMATION:**

Full name: \_\_\_\_\_

AKA (Also known as): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS:**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does anyone besides yourself claim you as a dependent on their income tax? \_\_\_\_\_

**CITIZEN INFORMATION:**

Are you a citizen of the United States? Yes\_\_\_\_\_ No\_\_\_\_\_

If not, what is your citizen status? \_\_\_\_\_

Are you a registered voter? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where are you registered and in what County? \_\_\_\_\_

If you have children, where are they enrolled in school? \_\_\_\_\_

Are you a Native American: Yes\_\_\_\_\_ No\_\_\_\_\_

If you are a Native American, are you an enrolled tribal member? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what tribe? \_\_\_\_\_

Are you a veteran? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, are you enrolled with the V.A. Hospital?: Yes\_\_\_\_\_ No\_\_\_\_\_

Are you a post secondary student? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what school do you attend and the name of the town it is located in? \_\_\_\_\_

How much money are you receiving yearly from student loans? \_\_\_\_\_

When do you anticipate paying those loans back? \_\_\_\_\_

**HISTORY OF RESIDENCE:**

How long have you lived in Lake County? \_\_\_\_\_

Previous address: \_\_\_\_\_ County: \_\_\_\_\_

Did you / spouse/significant other move to Lake County for the purposes of medical care? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**APPLICANT'S EMPLOYMENT INFORMATION:**

Applicant's current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hourly pay rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Job description: \_\_\_\_\_

Is health insurance provided or offered? Yes\_\_\_\_\_ No\_\_\_\_\_

Date eligible: \_\_\_\_\_ Amount of premium: \_\_\_\_\_

Applicant's previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hourly pay rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Start and end dates of employment: \_\_\_\_\_ Why left? \_\_\_\_\_

Job description: \_\_\_\_\_

Was health insurance provided or offered? Yes\_\_\_\_\_ No\_\_\_\_\_

Date eligible: \_\_\_\_\_ Amount of premium: \_\_\_\_\_

If not employed, other sources of income and amounts: \_\_\_\_\_

**EMPLOYMENT INFORMATION FOR SPOUSE OR SIGNIFICANT OTHER:**

Spouse's or significant others' current employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Hourly pay rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Job description: \_\_\_\_\_  
Date of employment: \_\_\_\_\_  
Is health insurance provided or offered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date eligible: \_\_\_\_\_ Amount of premium: \_\_\_\_\_

Spouses' or significant others' previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Hourly pay rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Job description \_\_\_\_\_  
Start and end dates of employment: \_\_\_\_\_ Why Left? \_\_\_\_\_  
Was health insurance provided or offered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date eligible: \_\_\_\_\_ Amount of premium: \_\_\_\_\_

If not employed, other sources of income and amounts: \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL ASSETS AND RESOURCE INFORMATION:**

Have you or your spouse/significant other been the beneficiary of an inheritance?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: What was inherited: \_\_\_\_\_  
The value of the inheritance: \_\_\_\_\_  
The date of the inheritance: \_\_\_\_\_

Do you or your spouse/significant other anticipate receiving an inheritance?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: The estimated amount: \_\_\_\_\_

Do you or your spouse/significant other anticipate receiving income from outstanding loans you have given?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: Whom the loan was made to: \_\_\_\_\_  
The amount of the loan: \_\_\_\_\_  
The payment amount on the loan: \_\_\_\_\_  
The repayment schedule: \_\_\_\_\_

Have you or your spouse/significant other received or anticipate receiving an IRS tax refund?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: Amount of refund: \_\_\_\_\_  
Date received or anticipated receipt: \_\_\_\_\_

Have you applied for Social Security Disability benefits?: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: Date of application: \_\_\_\_\_  
Current status of the application: \_\_\_\_\_  
Pending appeals and hearings: \_\_\_\_\_

Have you ever received a lump sum from Social Security for retroactive pay?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify how much was received and date received. \_\_\_\_\_

Are you currently receiving any loans, grants, or stipends for living expenses (not tuition or books) while attending a post secondary school? :

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify:           The amount received: \_\_\_\_\_  
  The time frame it covers: \_\_\_\_\_

**PROPERTY VALUE OF HOME AND OTHER REAL PROPERTY:**

<i>Property</i>	<i>Current Fair Market Value</i>	<i>Encumbrances</i>	<i>Equity Value</i>
House / Real Estate	-	=	
Vehicles	-	=	
Recreational Vehicles:	-	=	
Other (please list)	-	=	
Other (please list)	-	=	
Other (please list)	-	=	

Do you or your spouse/significant other currently own a business?           Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: Name of the business: \_\_\_\_\_  
  Location of business: \_\_\_\_\_  
  Dates of ownership: \_\_\_\_\_  
  Equity value of equipment, property and inventory: \_\_\_\_\_

Are you or your spouse/significant other currently a partner/silent partner in a business?           Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: Name of the business: \_\_\_\_\_  
  Location of business: \_\_\_\_\_

Have you or your spouse/significant other sold or transferred any property within the last 36 months or in the 36 months prior to the onset of this illness?           Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you or your spouse/significant other involved in a contract for deed or lease situation either as a seller or a buyer?           Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE:**

<i>TYPE</i>	<i>MONTHLY PREMIUM</i>
Medical:	
Dental:	
Auto (pertaining to one vehicle only):	
House:	
Renters:	
Other (Explain):	

Do you have a life insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: Is it whole life or term life? \_\_\_\_\_  
Limits of policy? \_\_\_\_\_  
Cash value of policy? \_\_\_\_\_  
Names of beneficiaries \_\_\_\_\_

Have you or your spouse applied for or been turned down for health insurance in the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain why. \_\_\_\_\_

Have you or your spouse ever been eligible for health insurance under COBRA provisions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: When? \_\_\_\_\_  
Amount of premium? \_\_\_\_\_

Did you ever refuse a COBRA plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YOU OR YOUR SPOUSE/SIGNIFICANT OTHER HAVE ANY OF THE FOLLOWING ASSETS,  
PLEASE LIST INCLUDING THE AMOUNTS AND THE ACCOUNT NUMBERS:**

<i>TYPE</i>	<i>AMOUNT</i>	<i>ACCOUNT NUMBER</i>
One Time Capital Gains:		
Mutual Funds:		
IRA's		
Retirement Plan:		
Annuities:		
Investments:		
Stocks:		
CD's:		
Money Markets:		
Disability Income:		
Savings:		
Checking Accounts:		
Cash on Hand:		
Bonds:		
Any other investments or money holding institutions?:		

Are you or your spouse/significant other listed on a joint account with another individual: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: Name of other individual: \_\_\_\_\_  
Description of the account: \_\_\_\_\_  
Holder of the account/ name of company: \_\_\_\_\_  
Account number: \_\_\_\_\_

**RESOURCES:**

<i>TYPE</i>	<i>AMOUNT</i>
WIC:	
Food Stamps (SNAP)	
Low Income Energy Assistance Program (LIEAP)	
Subsidized Housing:	
Child Care Assistance:	
Utility Allowance:	
Has any household member received assistance from any other agency in the past 30 days:	
Explain: _____	
Does any household member expect to receive income this month that's not previously reported:	
Explain: _____	

**MONTHLY EXPENSES:**

<i>TYPE</i>	<i>AMOUNT</i>
Actual rent paid	
Scheduled principal and interest payments for a personal residence	
Property taxes and homeowners insurance costs	
Utilities: Heating (Liquid propane, Natural Gas, Fuel Oil)	
Utilities: Electricity	
Utilities: Water	
Utilities: Phone	
Childcare expenses related to work schedules (minus child care assistance)	
Groceries (minus SNAP benefits)	
Household supplies and toiletries	
Basic auto expenses, gas, and upkeep	
Health insurance (out-of-pocket)	
Life insurance (out-of-pocket)	
Auto insurance (out-of-pocket)	
Monthly health or medical installment payments:	
Customary monthly expenses for medicine & medical care	
Court ordered child support	
Court ordered alimony	
Automobile installment payments (pertaining to one vehicle only)	
Other expenses (clothing & installment debt for necessary household items)	

**INCOME / ASSISTANCE INFORMATION:**

<i>TYPE</i>	<i>APPLICANT</i>		<i>SPOUSE / OTHERS</i>	
	<i>Amount</i>		<i>Name</i>	<i>Amount</i>
Social Security:				
SSI / SSD				
VA Benefits:				
Nat'l Guard / Reserve:				
BIA / GA Tribal Funds:				
Lease Payments:				
TANF:				
Foster Care:				
Salary and wages and tips				
Commissions & bonuses				

Disability Insurance payment			
Self-employment:			
Unemployment Benefits:			
Workers' Compensation:			
Vacation / Sick Leave:			
Retirement / Pensions			
Strike Benefits:			
Alimony:			
Child Support:			
Insurance Settlement:			
Insurance Face Value:			
Scholarships (after tuition/books)			
Loans & grants (after tuition/books)			
Interest and dividends			
Rents, royalties, investments			
IRS refund			

**DECLARATION**

I will supply all necessary information to support this application for county assistance.

I authorize a representative of the county to make all necessary inquiries to verify claims on my application.

I understand that the making of any false statement as to financial status or other required information in the above application with knowledge of such falsity, may be a crime in violation of SDCL 28-13-16.2.

I understand that, in accordance with SDCL 28-14, a lien will be filed against me and any personal property or real property that I now own, or have legal interest in, or may own in the future, for any assistance given to me by Lake County. I further understand that I am required by law to make repayments to Lake County for assistance given. Should there be no action made on repaying this lien, it will be subject to collection.

I understand that assigning or transferring any property at any time before or after making an application for poor relief for the purpose of becoming eligible for assistance, may be a crime in violation of SDCL 28-13-43.

I swear and affirm that the statements made herein are true and correct and I have provided all necessary documentation to validate my claim for county poor relief.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date

